



# NEW BUSINESS APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE 20 \_\_\_\_\_

## GENERAL BUSINESS INFORMATION (Required for All Applicants)

Name of Business: \_\_\_\_\_

D/B/A (if applicable): \_\_\_\_\_

Mailing Address, if different from Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Ownership Type (please check one):  Sole Proprietor  Corporation  LLC  Partnership

Is this the first business in this location?  Yes  No (If not, previous tenant if known : \_\_\_\_\_)

Is this the only business in this location?  Yes  No (If not, list other tenant(s): \_\_\_\_\_  
\_\_\_\_\_)

Federal Tax ID Number (EIN): \_\_\_\_\_ Go to [www.irs.gov](http://www.irs.gov) (Internal Revenue Service) or call 1(800) 829-4933 to apply for your EIN.

Georgia Sales Tax # \_\_\_\_\_ (If your business is required to have by law.) Go to [www.etax.dor.ga.gov](http://www.etax.dor.ga.gov) Georgia Department of Revenue) or call (887) 423-6711 to register your business.

Total # of employees including owner(s): \_\_\_\_\_

Description of Business Activity (Please be as specific as possible, attach additional paper if needed): \_\_\_\_\_  
\_\_\_\_\_

Will this business serve or sell alcohol?  Yes  No

*\*To be sure that your business activity is an allowed use in the Zoning Classification for your business location prior to signing lease agreements or commencing any type of business establishment activity, call the Garden City Planning & Zoning office at (912) 963-2756.*

## LOCAL (GARDEN CITY) PHYSICAL LOCATION INFORMATION (Required for All Applicants)

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*All applicants must provide the following information for an authorized representative who will be physically located at the above address.*

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email \_\_\_\_\_

## OWNER INFORMATION

*Corporations and partnerships must provide the names of all officers or partners, their titles, mailing addresses, and telephone numbers on a separate of paper and attach to this application.*

Name of Business Owner: \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Owner's Email \_\_\_\_\_

Owner's Driver's License No. / State: \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_

United State Citizen? \_\_\_Yes \_\_\_No

**NOTE: Corporations and partnerships must provide the names of all officers or partners, their titles, and mailing addresses on a separate sheet of paper.**

## ESTIMATED GROSS RECEIPTS

*Information provided by a business or practitioner to the City of Garden City for the purpose of determining applicability and amount of the Occupation Tax or levying or collecting the Occupation Tax is confidential. Such information may be provided only to the governing authority of another local government for Occupation Tax purposes or pursuant court order for the purpose of collecting Occupation Tax prosecution for failure or refusal to pay Occupation Tax. Georgia Open Records Act prohibits public viewing of gross receipts but the public may view other information on this application.*

*Certain Practitioners of Professions may choose to pay a flat tax of \$400 (per practitioner) in lieu of paying a tax based on gross receipts. If your business is eligible, and all practitioners agree to pay the flat tax, please select "Option B" below.*

Per Garden City Code Chapter 22, Article II, maximum \$5000.00 per year, plus \$75.00 administrative fee

**OPTION A: Estimated gross receipts (estimated from business open date until December 31st of this year).**

Estimated gross receipts for the year \$\_\_\_\_\_.

**OPTION B: PRACTITIONERS OF PROFESSIONS STATE LICENSE NUMBER(S): \_\_\_\_\_**

\_\_\_\_\_ I elect to pay a Flat Tax in lieu of paying a tax based on gross receipts.

Examples of professions that are eligible to pay a flat tax in lieu of paying a tax on gross receipts Per O.C.G.A. 48-13-9 include, but are not limited to: Architect, Chiropractor, Dealers in precious metals, Dentist, Embalmer, Engineer, Funeral Director, Land Surveyor, Landscape Architect, Lawyer, Locksmiths, Optometrist, Osteopath, Physician, Physiotherapist, Podiatrist, Psychologist, Public Accountant, Social Worker, Therapist, Veterinarian.

| (A)<br>Profession | (B)<br>Number of<br>Practitioners | (C)<br>Flat Tax | (D)<br>SUBTOTAL<br>(B x C) | (E)<br>ADINISTRATIVE<br>Fee | (F)<br>Total Amount<br>Due (D + E) |
|-------------------|-----------------------------------|-----------------|----------------------------|-----------------------------|------------------------------------|
|-------------------|-----------------------------------|-----------------|----------------------------|-----------------------------|------------------------------------|

|  |  |          |  |         |  |
|--|--|----------|--|---------|--|
|  |  | \$400.00 |  | \$75.00 |  |
|  |  |          |  |         |  |

**CERTIFICATION**

I hereby certify that I have provided complete and accurate information above. I acknowledge that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate and/or zoning enforcement action under the City of Garden City Zoning Ordinance. Furthermore, I acknowledge that I have read and understand the rules and regulations for the operation of my business in the City of Garden City. I understand that any false information provided herein may void this application or become cause for revocation of my Occupational Tax Certificate.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Business Title*

| For City Use                            | For City Use                   | For City Use                  |
|---|--------------------------------|-------------------------------|
| Use #:<br>_____                         | NAICS Code:<br>_____           | Lease/Property Card:<br>_____ |
| District:<br>_____                      | Tax Class:<br>_____            | Copy of Photo ID:<br>_____    |
| Certificate of Occupancy Date:<br>_____ | ACCT<br>#:<br>_____            | SAVE Affidavit:<br>_____      |
| Planning Official<br>_____              | Amount Paid:<br>_____          | E-Verify Affidavit:<br>_____  |
| Health Inspection<br>Report: _____      | Cash, Credit, Check#:<br>_____ | State License:<br>_____       |
|   | License #:<br>_____            |                               |